

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. _____

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Joanne Collins

Petition No. 930504-20-004

Handwritten: A
1/27/94
[Signature]

PRELICENSURE AGREEMENT

WHEREAS, Joanne Collins of Middletown, Connecticut, hereinafter "the Respondent," has applied for licensure to practice as a Hairdresser and Cosmetician by the Department of Public Health and Addiction Services, hereinafter the Department, pursuant to Chapter 387 of the Connecticut General Statutes, as amended; and

WHEREAS, Joanne Collins hereby admits and acknowledges that:

1. On 7 March and 20 March 1991, she was arrested and charged with selling cocaine. On 27 April 1992, as a consequence of her March 7 and 20, 1991, arrests, she was convicted of violating Connecticut General Statutes §21a-277(a) in Superior Court Docket No. CR9-114240-JD.
2. In the above-referenced criminal matter, Respondent was placed on probation for three (3) years, commencing 27 April 1992, subject to the following terms and conditions:
 - 1) That she successfully complete a six (6) month alternative to incarceration program (AIC);
 - 2) That she successfully complete her technical school education;
 - 3) That she participate in follow-up substance abuse treatment, including but not limited to self help programs such as Alcoholics Anonymous or Narcotics Anonymous;

- 4) That she perform one hundred (100) hours of community service;
 - 5) That she not possess or be in the presence of illegal drugs and/or paraphenalia.
 - 6) That she submit to substance abuse treatment as directed by the office of adult probation.
3. By her actions described in paragraph 1 above, Respondent committed acts which fail to conform to the accepted standards of care for hairdressers and cosmeticians; she is therefore, subject to denial of her application for licensure pursuant to §19a-14 of the Connecticut General Statutes.

NOW THEREFORE, pursuant to §19a-14 of the Connecticut General Statutes, Joanne Collins hereby stipulates and agrees to the following:

1. She waives the right to a hearing on the merits of this matter.
2. When she satisfies the requirements for licensure as a hairdresser and cosmetician as set forth in Chapter 387 of the General Statutes of Connecticut, she will be granted a license to practice as a hairdresser and cosmetician.
3. ~~Her license to practice as a hairdresser and cosmetician in the State of Connecticut shall be on probation commencing on the date she receives her license, and ending on the date her criminal probation terminates, i.e., 27 April 1995.~~
4. Her probation is subject to the following terms and conditions:
 - A.) 1. She shall not obtain for personal use and/or use alcohol or any controlled substance that has not been prescribed for her for a legitimate medical purpose by a licensed health care practitioner.

- 2) She shall be responsible for providing random, observed urine and/or random blood screens for alcohol and controlled substances, including but not limited to cocaine, at the discretion of her probation officer. Said screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening. She shall be responsible for providing written documentation from her physician to the laboratory and her probation officer regarding any drug(s) she is taking. There must be at least one (1) such urine screen per week for at least the first year of her probation, and no less than two (2) screens per month during the duration of her probation (more if required by her probation officer). Said screens shall be negative for controlled substances and alcohol. Any positive results shall be confirmed by gas chromatograph/mass spectrometer (GCMS) testing. Copies of all screens shall be provided to her treating therapist.
- 3.) She shall be responsible for the provision of monthly reports in writing to the Department from her probation officer for the first year of her probation and quarterly thereafter.
- 4.) Said reports cited in 4A3 above shall include but are not limited to documentation of dates of meetings with her probation officer, an evaluation of her progress and her controlled substance and alcohol free status, her attendance at self-help program(s) as cited in paragraph 4C, below, and copies of all laboratory reports.

- B.) 1. She shall engage in therapy or group counselling with a licensed or certified therapist approved by the Department, at her own expense a minimum of one (1) time a week for the first year of her probation and no less than two (2) times per month for the duration of her probation or until her therapist determines that such therapy is no longer therapeutically necessary and advises the Department in writing of such determination.
2. If said therapist determines that therapy is no longer therapeutically necessary, he or she shall advise the Department in writing, and the Department shall pre-approve said termination of therapy. If the respondent terminates therapy without the approval of her therapist, said therapist shall immediately notify the Department.
3. For the duration of her therapy, she shall be responsible for the provision of monthly reports in writing from her therapist to the Department. Said reports shall include, but are not limited to documentation of the dates she attended therapy or group counselling, an evaluation of her progress, and her substance and alcohol free status.
4. Said therapist may transfer the Respondent to another therapist if he or she determines in his or her professional judgment that a transfer is appropriate and the Department preapproves such transfer.
- C. She shall attend Alcoholics Anonymous or Narcotics Anonymous or other 12 step program a minimum of one (1) time per week.

5. The Respondent hereby assumes full responsibility for the timely filing of reports required in paragraphs 4A3 and 4B3 above. All such reports are due according to the following schedule:
 - A. Monthly reports are due on the first business day of the month commencing with the report due Dec. 1, 1993.
 - B. Quarterly reports are due on the first business day January, April, July and October. Quarterly reports shall commence with the report due Dec. 1, 1994.
6. She must inform the Department in writing of her place(s) of employment within fifteen (15) days of accepting employment, and within fifteen (15) days of any change in employment.
6. She shall notify the Department of any change of address within fifteen (15) days of such change.
8. She shall provide signed authorizations for release of records for all her prior and current treators in favor of and as requested by the Department, allowing the Department to obtain her treatment records.
9. She shall comply with all state and federal statutes and regulations applicable to her license.

10. She assumes full responsibility for all costs associated with the terms of this Prelicensure Agreement.

11. All correspondence and reports required by the terms of this Prelicensure Agreement are to be addressed to:

Lynne A. Hurley, Investigator
Department of Public Health and Addiction Services
Public Health Hearing Office
150 Washington Street
Hartford, CT 06106

12. Any deviation from the term(s) of this Prelicensure Agreement without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Agreement shall result in the right of the Department to immediately deem the respondent's hairdresser and cosmetician license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Legal notice shall be deemed sufficient if sent to the respondent's last known address of record reported to the Licensure and Registration Section of the Division of Medical Quality Assurance of the Department of Public Health and Addiction Services. The respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Agreement.

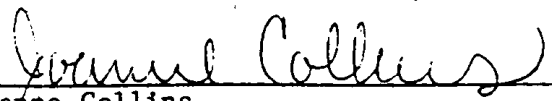
13. This Prelicensure Agreement is effective when accepted and approved by a duly appointed agent of the Department of Public Health and Addiction Services.

14. She understands this Prelicensure Agreement is a matter of public record.
15. She understands this Prelicensure Agreement may be considered as evidence of the above-admitted violations in any proceeding before the Department of Public Health and Addiction Services or Connecticut Examining Board for Barbers, Hairdressers and Cosmeticians (1) in which her compliance with this same Prelicensure Agreement is at issue, or (2) in which her compliance with §20-263 of the Connecticut General Statutes, as amended, is at issue.
16. This Prelicensure Agreement and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Prelicensure Agreement is not subject to appeal or review under the provisions of Chapters 54 and 368a of the Connecticut General Statutes, provided that this stipulation shall not deprive her of any other rights that she may have under the laws of the State of Connecticut or of the United States.
17. This Prelicensure Agreement is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
18. She understands she has the right to consult with an attorney prior to signing this document.

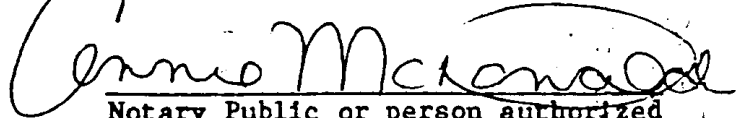
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I, Joanne Collins, have read the above Prelicensure Agreement, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Agreement to be my free act and deed.


Joanne Collins

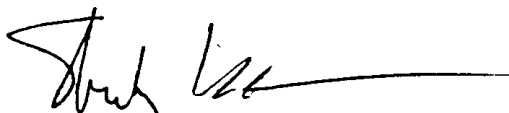
Subscribed and sworn to before me this 28th day of September 1993.



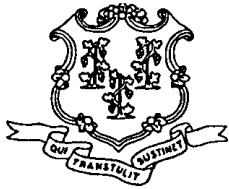
Notary Public or person authorized
by law to administer an oath or
affirmation.

My Commission Exp. Jun. 30, 1997

The above Prelicensure Agreement having been presented to the duly appointed agent of the Commissioner of the Department of Public Health and Addiction Services on the 7th day of October 1993, it is hereby ordered and accepted.


Stanley K. Peck, Director
Division of Medical Quality Assurance

RAS:dm
8323Q/34-41
7/93



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
BUREAU OF HEALTH SYSTEM REGULATION

✓ DT 6/11

June 2, 1995

Joanne Collins H/C
184 Rising Trail Drive
Middletown, Connecticut 06457Re: Prelicensure Agreement
Petition No. 930504-20-004
License No. 045467
[REDACTED]

Dear Ms. Collins:

Please accept this letter as notification that you have successfully completed the terms of your probation effective April 27, 1995.

Notice will be provided to our Licensure and Registration Section to remove any restrictions from your license.

Thank you for your cooperation in this process. If you have any questions or concerns regarding this matter, do not hesitate to call me at 566-1011.

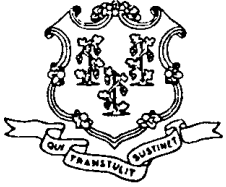
Very truly yours,

Handwritten signature of Bonnie Pinkerton in cursive script.

Bonnie Pinkerton
Nurse Consultant
Public Health Hearing OfficeBEP
1019Q/26
6/95

cc: Debra Tomassone

Phone: TDD: 203-566-1279
150 Washington Street — Hartford, CT 06106
An Equal Opportunity Employer



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES

BUREAU OF HEALTH SYSTEM REGULATION

October 22, 1993

Joanne Collins
46 Stack Street
Middletown, CT 06457

Dear Ms. Collins:

On behalf of the Department of Public Health and Addiction Services, I want to congratulate you upon the successful completion of all requirements for licensure as a hairdresser/cosmetician in the State of Connecticut.

Connecticut hairdresser/cosmetician license 045467 has been issued to you, effective the date of this letter. You are eligible to begin the practice of hairdressing/cosmetology as of this date.

I have also enclosed a copy of the fully executed Agreement in accordance with which your license is being granted. The Agreement is effective as of your date of licensure noted above. Upon satisfaction of the terms of the Agreement, you will receive notification of same by the Department of Public Health and Addiction Services.

You will receive your license certificate in about eight (8) weeks, by certified mail, at the address shown above. Full instructions regarding future renewal will also be enclosed.

It is your responsibility to notify the Department of Public Health and Addiction Services, Licensure and Registration Section, in writing of any future changes of name and/or address, as well as the establishment of professional locations, either within or outside Connecticut. Such notification to the Department of Public Health and Addiction Services is required by law, and failure to provide same will jeopardize the status of your license.

Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you satisfy current licensing requirements. In order to avoid such a process, be sure that you renew your license in a timely manner each year in the month of your birth.

I wish you success in your hairdresser/cosmetician career.

Respectfully,

Joseph J. Gillen, Ph.D. Section Chief
Applications, Examinations and Licensure

cc: Donna Buntaine-Brewer
John Boccaccio

Phone:

JJG:MCJ 9091V 71

TDD: (203) 566-1279

150 Washington Street • Hartford, CT 06106

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*Rec'd
10/26/93
JS
Attn: MJB*